BEST PRACTICES Community Services Block Grant

Central Valley Opportunity Center

Presenter - Jean Warren, CVOC Program Manager

Agency Summary

Central Valley Opportunity Center is a private, non-profit agency with offices and vocational training facilities in the counties of Madera, Merced and Stanislaus counties. CVOC has the designation of Community Action Agency in Stanislaus County and District II - Migrant and Seasonal Farmworker Set-a-Side for Madera, Merced, Stanislaus, Tuolumne and Mariposa Counties. Therefore, we receive two separate CSBG contracts, each requiring the standard CSBG tracking and reporting.

The following is a summary of some of the processes and procedures that have worked for us, and the challenges and the solutions on some areas that we are still working to improve.

Processes and Procedures:

Most of CVOC's CSBG activities are operated in conjunction with other programs and almost all of the activities are operated by the agency. CVOC only subcontracts with 4 other organizations and only in Stanislaus County. This provides us with a greater measure of control of the processes and procedures. CVOC separates the program activities between those which require some measure of Case Management, one-time emergency services, community development projects, agency development, and other special projects.

CVOC's client service delivery system, agency development and community development activities are structured to provide for outcome measures reporting as most of the programs operated by the agency are results oriented. What I mean by this is that a plan for service is developed, which focuses an anticipated result/s. Results may be as simple an helping a client stay in their home to as complex as moving a client from dependency on TNAF to self sufficiency through job training, GED attainment, job placement and follow-up services/job retention. The first example has mainly one anticipated outcome, while the second example will have many anticipated outcomes. These are clients' which detailed the plans, we call Individual Employment/Service Plans. It is through these plans that CVOC tracks clients' progress which leads to the results or lack of results to be reported on CSD forms. CVOC utilizes similar methods to track other activities that are not directed to an individual client.

The process for operation, tracking, reporting is detailed in a memo to all staff assigned to one or more activities/services. CVOC Management staff conducts training to all field staff in the operational, tracking and reporting of CSBG activities. Methods of delivery of services are detailed in the CVOC operation manual/s and in directive memos that are distributed to all staff.

Included, herein, is one of the memos, in its entirety, as a sample tool. This is our process for tracking and reporting shown in detail below:

CSBG/CSP 2004 Reporting Instructions

A. Preparation of Safety-Net Services Report

The following Outcome Objectives (See Attachment II Outcome Goals & Objectives) are to be reported on this form:

- Goal #6 Food Distribution
- Goal #1 Housing -- Shelter Emergency Shelter
- Goal #6 -Transportation (Do not report CVOC bus transportation here)
- Other Emergency Services Rental Assistance, and all others

Safety-Net Services results are also to be reported on CSD Form 415, Goal 5, OCS Letter o, Emergency Services – Safety-Net Services. The # of Units (# to be served) and Expected to Achieve Outcome (Goal) has been filled out for you. You are to enter the # Achieved in the Achieved Column, the Number of Clients Still Progress Toward Outcome and the # Exited Program Prior to Achieving Goal. This is a cumulative report which means that you must enter the total number from the beginning of the year through the end of the report period.

Demographics are to collected in accordance with those items listed on the Demographic Report. The Demographic report must include all clients served during the report period. This is not a cumulative report and should only include clients served during the report period

Safety Net Services Report Periods are January-June and July-December. The Safety Net Services Reports are due - 07/08/04 and 01/08/05.

Attached are the CSD 415 report forms for Family Development, Community Development and Agency Development activities The following Outcome Objectives (**See Exhibit B of the Contract)** are to be reported on the corresponding CSD Form 415.

B. Preparation of the CSD Form 415 - Goal 1: (Self Sufficiency)

Family Development Activities – All clients enrolled in CRT and/or Educational Training Activities require that their progress be tracked utilizing the Family Development Matrices. Matrices are to be completed on all clients prior to enrollment and updated at least every three (3) months and with any change in status in any one of the areas contained on the Matrix. Results must be reported on the CSD Form 415. A copy of the Family Development Matrices must be maintained in the client file and a copy submitted for review by the MIS Specialists. The CSD From 415 will be completed by the staff person/s assigned this responsibility.

The following results will be reported on Form 415 – Goal 1 Self Sufficiency

- Education Adult Education and Youth Education and Development – OCS Measure Letters q, s, I, and m.
- Employment OCS Measure Letters q, s, and a
- Income Management Income and Budget OCS Measure Letter f.

You must track the client's progress in each of the areas listed above on the Individual Family Development Matrix. At the end of the report period, utilizing the Individual Family Development Matrices for each client, you are to enter the appropriate number of results in each of the OCS Number Letter categories listed above. The # of Units (# to be served) and the Expected to Achieve Outcome (Goal) sections have been completed for you. You must make sure to use the Family Development Matrix to document the results of each of activity/ies being tracked.

Demographics are to collected in accordance with those items listed on the Demographic Report. The Demographic report must include all clients served during the report period. This is not a cumulative report and must only include clients served during the report period. You must add all of the Family Development and the Safety- Net Service client demographics together and submit on one Demographic Report.

C. <u>Preparation of the CSD Form 415 – Goal 2: (Community Revitalization)</u>

The following Outcome Measures are to be reported of CSD Form 415 Goal 2:

Linkages --Public Policy and Equity – OCS Measure Letter d

The Information and Referral activities are to be tracked utilizing the referral cards and documentation from outreach efforts and phone calls for information and or referral. To report information and referral units you are to add all information and referral cards, outreach documentation, phone sheets, etc and enter the total number of clients receiving these services. The number is to be entered on Form 412, Goal 2: (Community Revitalization), OCS Measure Letter d. The Expected to Achieve Outcome (Goal) number has been entered for you. Enter the number for the report period in the column "Achieved).

D. Preparation of the CSD Form 415 - Goal 6 (Family Stability)

The following Outcome Measures are to be reported on CSD Form 415 Goal 6:

Emergency Services – OCS Measure Letter c (Food Assistance, shelter, transportation) and g (Energy payments and Weatherization)

The total number of energy assistance clients plus the total number of homes weatherized are to be entered on CSD Report Form 415 – Goal 6 (Family Stability) Emergency Services – Safety-Net Services g. The total number of food, shelter and transportation assistance are to be entered in OCS Measure Letter c. The # of Units (# to be served and the Expected to Achieve Outcome (Goal) have been entered for you.

The following Outcome Measures are to be reported on CSD Form 415 Goal 6:

Health – OCS Measure Letter k (Child Care)

The total number of clients who received assistance with childcare issues are to be reported on CSD Form 415 – Goal 6 (Family Stability) Outcome Measure – Health, k. Include any clients who received assistance either direct from CVOC or were provided referral and obtained assistance with their child care needs.

E. <u>Preparation of the CSD Form 415 – Goal 3: (Community Revitalization)</u>

The following Outcome Measures are to be reported of CSD Form 415 Goal 2:

Public Policy and Equity – OCS Measure Letter d

The Community Education activities are to be tracked utilizing the sign in sheets from the Workshops. To report Community Education units you are to add all of the sign in sheets from the Workshops and enter the total number of clients receiving these services. The number is to be entered on Form 412, Goal 2: (Community Revitalization), OCS Measure Letter d. The Expected to Achieve Outcome (Goal) number has been entered for you. Enter the number for the report period in the column "Achieved).

Preparation of the Monthly Report

Attached is the 2004 CSBG/CSP Program Status Report Form. This report is a cumulative monthly report and it is due on the 5th working day of the month following the end of the report month. The first report is due in the Planning Department on February 6, 2004. This report must be completed on a monthly basis and submitted. If there are serious deficiencies in any of the program operations, a Corrective Action Plan must be submitted in the section "Corrective Actions Needed".

The following are the goals for the CSBG/CSP Program.

Stanislaus County

Family Development Activities

CSBG/CSPCRT Enrollments - 30 participants

The 30 CRT clients participating in this activity as well as any clients enrolled for direct placement or OJT must have an original Family Development Matrix completed and submitted with the enrollment

documents. Family Development Matrices are to be completed and updated on the current FMD all Case Managers should have it on diskette. Hand written FMD are not acceptable. The Family Development Matrix form on the diskette is in Microsoft Word.

Periodic updates of the Family Development Matrix is to be completed anytime there are major changes but at a minimum of every three (3) months. For clients completing their family development activities, an updated matrix is to be completed prior to or shortly after termination and submitted to the Planning Department.

The 75 clients participating in educational services includes any and all CRT enrollments who were enrolled in ESL and/or GED and any other non WIA clients who received ESL and GED services.

- Community Education Workshops 2,400 clients
- Shelter/Nutrition 40 clients served with vouchers and/or provided referral services for shelter, nutrition programs.
- Homeless Prevention (Rental Assistance) 20 clients/families provided with rental assistance
- Information/Referral 10,000 clients provided various I & R, application assistance, translation, etc.
- HEAP and ECIP Application Assistance 2,500 clients served
- Weatherization Application Assistance 250 clients served
- Child Care 40 clients served

The Planning and Development Department is responsible for tracking the Agency's Development activities. This is accomplished through yearly evaluation of CVOC Strategic Plan. The Agency's achievements are compared to the planned goals and accomplishments and a written summary is completed. This summary provides the basis for reporting on CSD 415, Goals 4 and 5.

Challenges and Solutions

Since CVOC does not have an automated system, designed to track all of the CSBG program activities and demographics in the CSD reporting format, much of the data gathering tedious and time-consuming. Staff are

somewhat burdened with tracking and reporting duties which reduce the time they spend providing services.

CVOC is working on a new automated system, which should reduce the amount of "hand counts" currently being done by staff. The new automated system will result in more timely and accurate reporting.

Constant changes in reporting forms and procedures create confusion at the field staff level, resulting in errors on the reports.

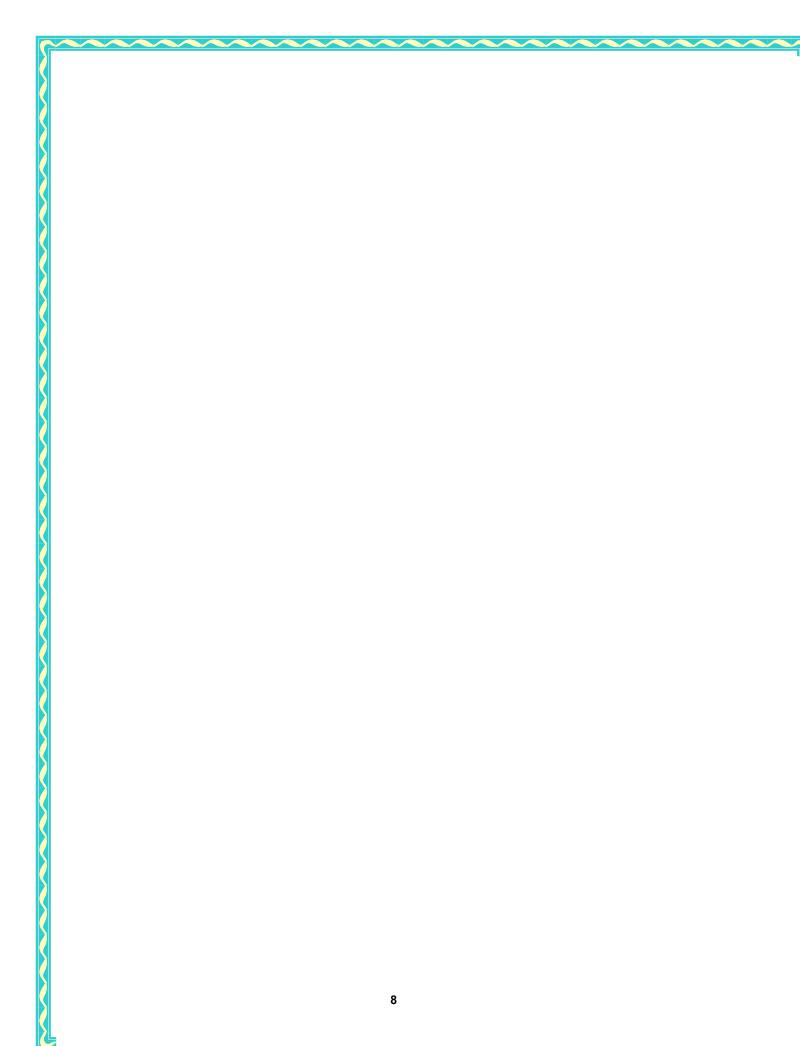
CVOC has solved this problem by re-issuing the CSBG Reporting Instruction Memo to all staff each year with all the new forms on Diskette. Each time there is a change all direction to staff is provided in writing along with hard copies and copies of the forms on diskette or via email.

© CSBG terms, reporting, tracking, etc, is somewhat confusing to new staff.

Therefore any staff turnover creates errors, omissions and lack of adequate tracking back up.

CVOC has experienced relatively high turnover in our field staff. Various methods to retain staff have not always been successful. Therefore, staff training systems have been improved and review/monitoring structures implemented to compensate for staff turnover.

NOTES:





INTEGRATED SERVICES INFORMATION SYSTEM (ISIS)

CITY OF LOS ANGELES

COMMUNITY DEVELOPMENT DEPARTMENT

HUMAN SERVICES AND FAMILY DEVELOPMENT DIVISION



INTRODUCTION

* In 1999, preparations were underway to seek proposals from community-based agencies for a new human services delivery system. Human Services and Family Development (HSFD) Division recognized the need for an accessible, user-responsive method for collecting data from its funded subcontractors, and for reporting data to its funding sources in a timely manner.

* August 14, 2000, HSFD launched one of many modules of the web-based application called "ISIS – Integrated Services Information Systems."



Identifying Problems, Opportunities and Objectives

- * Study the existing process/system
- * What is the "added" value of the existing system?
- Upgrade or develop a "new" system; allowing subcontractors to enter data directly into an automated system
- * Summarize data for reporting to funding sources



Determining Information Requirements

- * Why do you use the existing system?
- * What type of data will you capture?
- * How will the data be captured?
- * Where will data be stored?
- * Who will use the data?
- * When will data be reported?





Analyzing System Needs

- * How do the data move through the system?
- ***** Use diagrams to depict the functionality of the system
- * Prepare a system proposal for decision-makers



Designing the Recommended System

- Use the information that was collected to develop a logical design of the system
- * Design data entry procedures to guide users in entering data into records correctly
- * Design user interface
- Design files and databases
- ★ Design output layout with the assistance of potential and/or actual system users
- Design backup procedures



Developing and Documenting Software

* Work with the programmers to develop the original software

* Work with end-users to develop effective documentation, procedure manuals



Testing and Maintaining the System

★ Programmers and staff - test the performance of the system using sample data

* Pilot group - tests the feasibility of the system

* Modify the system to meet user needs on a continuous basis



Implementing and Evaluating the System

- * Deploy the system
- * Conduct focus-group meetings with users, programmers and staff to discuss system enhancements
- * Provide ongoing training
- * Visit the agencies and observe them using the system
- * Survey users of the system



THE FUTURE

*****Application Enhancements











CSBG Presentation on HMIS Berkeley Community Action Agency

- 1. What is an HMIS?
 - a. Homeless Management Information System
 - b. Client-level data captured over time throughout a system of care to ascertain client characteristics, service needs and client-level outcomes
 - Congress and HUD mandated system in place by October 2004 (described in detail in the Federal Register / Vol. 68, No. 140 / Tuesday, July 22, 2003)
 - d. Interagency Council on Homelessness charged with compiling an Annual Homeless Assessment Report (AHAR) on the nature and extent of the problems associated with homelessness, the accomplishments of federally funded programs and ways in which mainstream agencies can prevent homelessness
 - e. Berkeley Community Action Agency part of County-wide and multi-County Bay Area implementation process, raised \$40,000 in CSBG and \$25,000 in ESG funding. Web-based Case Management Software, will bring on line 89% of ES, 67% of TH beds, and the City's Shelter Plus Care Program, and create a shelter bed referral system and with 5 agencies participating.
- 2. Data Collection Methods will Change
 - a. Currently: Excel spreadsheets, hand tally's and index cards!!!
 - b. HMIS will enable auto-generated HUD APRs
 - c. Hope to also program in City of Berkeley and CSBG reports
- 3. What kind of data is important?
 - a. Currently collecting client demographics, measure of service and servicerelated client outcomes – Standardization of Data is challenging at this point
 - b. Berkeley's Mental Health Division has an AB34 grant from the State which requires tracking hospital and jail stays in addition to other client-level outcomes
 - c. Federal government looking increasingly at whether homeless specific funding generates savings in other "mainstream" programs
- 4. The Challenges of an HMIS
 - a. Unfunded mandate
 - b. Staff computer skills and organizational capacity for data collection
 - c. HIPAA and protected information, communication with clients
 - d. Data integrity
 - e. Client-level and community wide outcomes
 - f. Etcetera
- 5. Meeting these Challenges
 - a. Joint Fundraising efforts and utilizing other sources of funding
 - b. Funding raised to be used for agency training
 - c. Developing HIPAA compliant disclosure and informational forms using other communities as templates
 - d. Technical assistance planned for agency line staff and administrators

Homeless Management Information System (HMIS)

Introduction

Congress has mandated that all jurisdictions in receipt of HUD funds for homeless programs (McKinney Supportive Housing Program, Emergency Shelter Grants, and Community Development Block Grants) have a Homeless Management Information System (HMIS) in place no later than October 2004. The City of Berkeley, which participates actively in the Alameda County-wide Homeless Continuum of Care Council, is an active partner in implementing a County-wide HMIS system and has secured \$40,000 in Community Service Block Grant (CSBG) to begin HMIS implementation. Plans are underway to purchase computers and software licenses for the Berkeley Food and Housing Project, Building Opportunities for Self-Sufficiency and the Women's Daytime Drop-In Center. The goal is to have these programs utilizing an HMIS by October, connecting 89% of Berkeley emergency shelter beds, 67% of Berkeley's transitional housing beds, three of the City's four drop-in centers, and the City's Shelter Plus Care Program to the system.

What is an HMIS?

A Homeless Management Information System (HMIS) is computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of the homeless population. It is not a stand-alone database but is designed to aggregate client-level data and generate an unduplicated count of clients served within a community's system of homeless services. The primary goal of an HMIS is to gather aggregate data on homelessness at local, regional, and national levels to describe the scope of homelessness and the effectiveness of the service system in moving people out of homelessness to self-sufficiency.

Why is HUD Mandating an HMIS?

For the past several years, HUD has been under several Congressional directives (described in detail in the Federal Register / Vol. 68, No. 140 / Tuesday, July 22, 2003 / Notices) to provide better data on the nature and extent of homelessness and the effectiveness of federal programs (specifically McKinney Homeless Assistance Programs) in addressing homelessness, paying special attention to the degree to which the current system meets the needs of those who are chronically homeless¹. HUD has encouraged local Continuums of Care to begin gathering community-wide data for several years. Recent Congressional mandates, however, require that local Continuums begin implementing a computerized HMIS system by October 2004.

In addition, the Interagency Council on Homelessness (a federal body mandated to coordinate all federal agency efforts at ending homelessness) is now required to submit the first of its annual reports to Congress on the nature and extent of the problems associated with homelessness, the accomplishments of federally funded programs and

¹ HUD defines a person who is chronically homeless as "An unaccompanied homeless individual with a disabling condition who has either: 1) been continuously homeless for a year or more or 2) has had a least four episodes of homelessness in the past three years." (Federal Register, Vol. 68, No. 138, Friday, July, 18, 2003, http://www.hud.gov/offices/adm/grants/other/chronic.pdf)

ways in which mainstream agencies can prevent homelessness, by the end of this year. This annual report is called the Annual Homeless Assessment Report (AHAR) and will be based on data from select jurisdictions across the country.

What does this mandate mean for Berkeley?

Alameda County is required to begin collecting client-level data at priority homeless services sites (agencies providing shelter, transitional housing, and outreach are the first priority) in October 2004. Housing Department staff and staff of the Alameda County-wide Homeless Continuum of Care have been meeting with select agencies to plan for implementation in Berkeley. While HUD requires the all agencies that receive McKinney funding must participate in the HMIS (this includes Emergency Shelter Grants, Supportive Housing Program, Shelter Plus Care, and Section 8 Moderate Rehabilitation for the Single Room Occupancy) and requires that recipients of Housing Opportunities for Persons with AIDS (HOPWA) that intentionally outreach to homeless persons integrate data with the local HMIS, HUD does not provide extra funds for an HMIS.

The Schwab Foundation is providing some funds to support a regional effort, of which Alameda County is a part, to link and report data across seven Bay Area Counties. This economy of scale has benefits in reducing the price for the development and maintenance of a system that has the capacity to produce regional reports. The software system that this regional effort plans to use is a web-based application called Service Point.

All homeless agencies in Alameda County which applied for funds through this year's application to HUD for McKinney funding set aside a small percentage of their overall award amount to be used for an HMIS system. The cost of the HMIS and its implementation would be spread over the course of five years to enable time to allow for buying hardware, training staff, and developing reporting protocols.

What are the benefits of developing an HMIS?

Failure to comply with this federal mandate could affect the ranking of the Alameda County-wide Homeless Continuum of Care's application for HUD funding in future rounds. On a more positive note, collecting client-level data, and creating a system-wide data collection mechanism, has benefits for policy-makers, services providers and clients. Benefits to consumers include a streamlined intake and referral process, coordinated case management across agencies, and easier access to public benefits. Agencies would experience improved referrals and case management coordination, access to data, ability to generate funding reports automatically. At a system level the benefit of an HMIS is in being able to better describe the nature and extent of homelessness and identifying and addressing gaps in services.

For More Information on the HMIS mandate, read the Federal Register, Vol. 68, No. 140, Tuesday, July 22, 2003.

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